

State of New Jersey



Department of Banking and Insurance

Dental Plan Organization (DPO) Supplement to the Quarterly Report of

(Name of DPO)

Address

**For the Calendar Quarter Ended
June 30, 2008**

Submitted By:

(Printed Name & Title of Responsible Financial Officer Completing Report)

(Original Signature of Officer)

(Date)

(Telephone Number)

(Fax Number)

(Email Address)

Name of DPO _____

For the Calendar Quarter Ended June 30, 2008

ATTACHMENT A

Restricted Deposit

Deposit Required Per NJAC 11:10-1.8(a)	Market Value of Deposit at 06/30/08
\$50,000	\$ _____

General Surplus

General Surplus <u>required</u> per NJAC 11:10-1.8(a)3, (the greater of \$100,000 or 1% of the current annual premium at 12/31/07).	\$ _____
General Surplus at quarter ended 06/30/08	\$ _____

Special Contingent Surplus (if applicable)

Special Contingent Surplus per NJS 17:48D-7 Full Time Equivalent Dentists (FTE) = _____	
Contingent Surplus quarter ended 06/30/08	\$ _____

Name of DPO _____

For the Calendar Quarter Ended June 30, 2008

ATTACHMENT B

2008 Actuals/Projections

(All costs in 000's)

	3rd QTR "07" Actual	4th QTR "07" Actual	1st QTR "08" Actual	2nd QTR "08" Projection	2nd QTR "08" Actual
Premium					
Other Income					
Total Revenue					
Primary Capitation					
Specialist Pool Exp.					
Total Medical Exp.					
Medical Loss Ratio					
Total Admin. Exp.					
Admin. Exp. Ratio					
Income/Loss					
Taxes					
Net Income/Loss					
Membership#					
Member Months##					
General Surplus					
Gen. Surp. Req.					
Restricted Deposits					
FTE Dentists (Prim)					
FTE Dent. (Special)					
Contingent Surp.					

Do not revise projections during the calendar year unless instructed to by the Department

At end of Quarter (Include both Employees and Dependents)

Summary of members for all three months in the quarter . Member months exposed equals the sum of the number of months that each enrollee was covered during the quarter (e.g., if 100 enrollees were covered for 3 months and 50 enrollees were covered for 2 months, the total member months exposed would be 400 (100X3+50X2)).

Name of DPO _____

For the Calendar Quarter Ended June 30, 2008

ATTACHMENT C

DPO QUARTERLY GENERAL INTERROGATORIES

1. List the number of group and non-group contracts in force and the group and non-group enrollees at 06/30/07 and 06/30/08:

Date	Group Contracts	Group Employees	Group Dependents	TOTAL Enrollees
06/30/08				
06/30/07				

Date	Non-Group Contracts	Non-Group Subscribers	Non-Group Dependents	TOTAL Enrollees
06/30/08				
06/30/07				

2. List in reverse chronological order how many types of benefit plans are being offered.

Quarter end	Benefit Plans
06/30/08	_____
06/30/07	_____
06/30/06	_____

3. In reverse chronological order, specify the number of “full-time equivalent dentists” (FTE) as defined at N.J.A.C. 11:10-1.3 under contract with the DPO at the end of the quarter specified.

Date	FTE
06/30/08_____	
06/30/07_____	
06/30/06_____	

Name of DPO _____

For the Calendar Quarter Ended June 30, 2008

ATTACHMENT C

DPO QUARTERLY GENERAL INTERROGATORIES

4. In accordance with N.J.A.C. 11:10-1.4(c) each DPO having an approved specialist pool shall submit a separate financial accounting of the specialist pool for the preceding calendar year. The report shall set forth, by the plans, the contributions made to the pool, the payments made to specialists from the pool and the resulting excess or deficit. If an excess exists, the report shall indicate when the distribution of the excess will be made and whether the method of distribution remains unchanged from that originally filed with the Department.

Plan	Pool Contribution	Pool Payments	Excess/Deficit

- Projected date of distribution of Surplus (if applicable) ____/____/08